

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rocky Chavez for U.S. Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address 2702 Love Field Dr</p> <p>City State Zip Code Dallas, TX 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 07 / 24 / 2015</p> <p>Amount of Each Disbursement this Period 119.00</p> <p>Category/Type 002</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address 2702 Love Field Dr</p> <p>City State Zip Code Dallas, TX 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 07 / 24 / 2015</p> <p>Amount of Each Disbursement this Period 159.00</p> <p>Category/Type 002</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Barrett Garcia</p> <p>Mailing Address 32302 Camino Capistrano #214</p> <p>City State Zip Code San Juan Capistrano, CA 92675</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement MM / DD / YYYY 07 / 29 / 2015</p> <p>Amount of Each Disbursement this Period 1,950.00</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>	